



2009-277-T

FAX TRANSMITTAL SHEET
Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, SC 29201

219766
219767

(803) 737-0578 Phone

(803) 737-0815 Fax (direct to my desk)

Email: (cchauvl@regstaff.sc.gov)

From: Carole Chauvin, Transportation Department

Date: 10/20/09

Please Deliver Immediately To:

Rodney -Fax Number: 843-763-5467Subject: Request to Reinstate Certificate FormsNumber of Pages (including this cover sheet): 3☐ For Review☐ Please Reply☒ Urgent

Attached are two forms that need to go to the S.C. Public Service Commission in order to ask for reinstatement of the Charter certificate for Tyrone Miller dba Image Limousine & Transportation.

The two forms, the Transportation Cover Sheet and the Class C Reinstatement Form, have portions that have been filled out by me. Please review the forms carefully and complete any portions that are incomplete. Be sure to include the reason you seek re-instatement on the Class C Reinstatement form. Both of those forms are sent to the Public Service Commission, not our office. The fax number for the Public Service Commission is 803-896-5199.

Thanks, Carole

Attorney-Client Privileged Communications FOIA Exempt pursuant to S.C. Code Ann. § 30-4-40(a)(7) The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the address above via the United States Postal Service.

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2000 - 284 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tyrone R. MillerTelephone: 843-763-5466Address: 4341 Helene Dr.Fax: 843-763-5467N. Chas. St. 29414

Other:

Email: simagelimos@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 10-21-09

Please consider this an application for Reinstatement of my Class C:

- ☐ (Taxi) Certificate
☒ Charter Certificate
☐ Charter Bus Certificate
☐ Non-Emergency Certificate

My Certificate of Public Convenience and Necessity No. is 6947-C My certificate was
revoked/cancelled on 10-14-09 because of failure to submit a 2000

Annual Report I seek re-certification because ORS never Received
fax.

Tyrone Miller
(Name of Company)

DBA Image Limousine + Transportation
(If applicable)

4341 Helene Dr.
(Street Address)

(Mailing Address if different from Street Address)

Wilkes, S.C. 29418
(City, State, Zip Code)

Tyrone R Miller
(Signature)

843-514-1303
(Telephone Number)

President
(Title)